

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7062-62-032581  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED AUG 2-9 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Belleville	
Length of stay in 1b 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Memorial		d. STREET ADDRESS (If outside, give location) 26 South 77th Street	
3. NAME OF DECEASED (Type or print) First Middle Last EARL A JONES		4. DATE OF DEATH Month Day Year July 18 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metallurgist Engineer		10b. KIND OF BUSINESS OR INDUSTRY Alcoa	11. BIRTHPLACE (City and state or country) Rolla, Missouri
13a. FATHER'S NAME Wesley D. Jones		13b. MOTHER'S MAIDEN NAME Mary Cleino	14. NAME OF HUSBAND OR WIFE Ruth Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #1		16. SOCIAL SECURITY NO.	17. INFORMANT Address Belleville, Mrs. Ruth Jones, 26 South 77th, Ill
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Colon DUE TO (c) 153.8			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 7-16-62 to 7-18-62 and last saw her alive on 7-18-62 Death occurred at 1:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 4930 Lindell Blvd. St. Louis, Mo. 22c. DATE SIGNED 7-18-62	
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 7-21-62	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Rolla, Missouri
24. FUNERAL DIRECTOR C. G. Kurrus, Jr., E. St. Louis, Ill		25. DATE RECD. BY LOCAL REG. JUL 18 1962 26. REGISTRAR'S SIGNATURE [Signature] M.D.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

See Smith  
4830 Wendell

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student/Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Not Embalmed*  
*Burials Funeral Home*  
*V. K. Vogt*

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.